Date Completed:   Failure Code:   Failure Co	CREW:	97 WORK ORDER TYPE: MOD	IFICATIONS			02-60456-45	ISSUE DATE 01/06/11	Pa	ge 1 Of 2		
EQUIP NO/Cot: 1SCA - 0 2 Tag Request : Accepted By : Signature : Shutdown : N No Shutdown : N				A		Date Completed:		Failure Code:			
Project ID : 1804-Rev-160   Text ID   Text I	Drawing No : 1SGA-M2063J Clearance Equip No/Cat: 1SGAG 2 Tag Request Project ID : 1SGA-PLV-1G Text ID					Completed By :		Signature :			
No   10   Scope   No   10   Safety and Additional Information   Septem   No   10   Safety and Additional Information   Septem   No   10   Safety and Additional Information   Septem   Septem   No   No   Safety and Additional Information   Septem   Septem   No   Septe				: N				Signature :			
1	Ref No : Last Reading		: N	: No Reading			W=Whse C=CrSp T=Tag TL=Tool P=Plan				
1 UNIT 1 BURNER LINES, PROVIDE SCAFFOLD  2 1 SAFETY:  SUPPORT AS NEEDED.  1 - VERPLY SAFE WORK CONDITIONS FOR THIS JOB.  2 - COMPLY WITH ALL COMPANY POLICY REGARDING SAFETY FROCEDURES, HOT WORK, SCAFFOLDING, TOOLS AND PEE.  2 - COMPLY WITH ALL COMPANY POLICY REGARDING SAFETY FROCEDURES, HOT WORK, SCAFFOLDING, TOOLS AND PEE.  3 - INSTALL AND REMOVE, AS NEEDED, THE SCAFFOLD.  3 - PLEASE CLEAN UP AFTER YOURSELF.  3 - PLEASE CLEAN UP AFTER YOURSELF.  ** IMPORTANT NOTICE ** YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY AND MUST ENSURE THAT THE REQUIRED PRE IS WORN FOR EVERY JOB YOU ARE DEAD, IF YOU HAVE ANY QUESTIONS CONCERNING ITH WARM YOUR SOURCE PRE IS WORN FOR EVERY JOB YOU ARE DENS, IF YOU HAVE ANY QUESTIONS CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PRE, PLASAS CONTACT YOUR SUPERSYLORS.	Step	Job Scope			DY			Emp No	Date	Hours	Code/Hrs
CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.		UNIT 1 BURNER LINES, PROV SUPPORT AS NEEDED.  ********************************	**************  ************  RT FOR ACCESS TO ICS TO INSTALL  ISTENSEN AND URCE FOR OCATION OF NEW			SAFETY:  1- VERFIY SAFE WORK JOB.  2- COMPLY WITH ALL C REGARDING SAFETY PRO SCAFFOLDING, TOOLS A  ***********************************	CONDITIONS FOR THIS  COMPANY POLICY CEDURES, HOT WORK, ND PPE.  **********************************	YOU ARE RESENSURE THAT	* IMPORTANT N	OTICE ** YOUR OWN SAFE	TY AND MUST
								CONCERNING THE WORK RULES, SAFETY CODES, OR			ES, OR

Job Feedback/Historical Notes:



CREW: 97 WORK ORDER TYPE: MODIFICATIONS 02-60456-45 ISSUE DATE 01/06/11 Page 2 Of 2

\*\* Work Order Tools List \*\*

Ln	Tool No	Noun Qualifier	Measure 1	Measure 2	Measure 3	Rqd
1	5321	SCAFFOLDING, DIAGONAL BRACE	8' PLATFORM			4
2	5322	SCAFFOLDING,	6' PLATFORM			8
3	5501	SCAFFOLDING, PLATFORM	8' LONG			1
4	5323	SCAFFOLDING, PLATFORM	6 '			2
5	5320	SCAFFOLDING, COUPLER HEX NUT	RT. ANGLE	ALUMINUM		16

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